MAY 7 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17719

File No.

Registered No. 4502

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 1419 Blackstone Ave., St. Ward)

2. FULL NAME Ella Noon

(a) Residence, No. 1419 Blackstone Ave St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fancy Stitcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Michael Noon

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Catherine Gibbons

16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Miss Florence Noon
(ADDRESS) 1419 Blackstone Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 25 1936

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd

20. FILED APR 24 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to April 22, 1936

I last saw h. alive on April 22, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/19/36
107a	
Other contributory causes of importance:	
Acute Bronchitis	3/17/36
" "	4/4/36

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Guhman, M. D.

(Address) 5763 Cabanne ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.